### ORIGINAL

## CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION

# STATEMENT OF ECONOMIC INTERESTS COVER PAGE

A Public Document

(MIDDLE)

MARIE

STATE

ZIP CODE

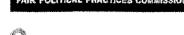
Bate Received.

MAR 22 2010

SANTA BARBARA COUNTY ELECTIONS

DAYTIME TELEPHONE NUMBER

OPTIONAL: E-MAIL ADDRESS



Riesse type or print in ink.	Ати
NAME (LAST)	(FIRST)
FARR	DOREEN
MAILING ADDRESS STREET (Business Address Acceptable)	cny
1. Office, Agency, or Co	urt
Name of Office, Agency, or Cour	t:
Santa Barbara County Board	of Supervisors
Division, Board, District, if applica	able.
Third District	
Your Position:	
Board Member .	
If filing for multiple positions, I position(s): (Attach a separa	
Agency:	
<u></u>	
Position:	
2. Jurisdiction of Office	(Check at least one box)
☐ State	,
□ County of Santa Barbara	
City of	
☐ Multi-County	***
-	
Other	
3. Type of Statement (C	háck at least one box)
Assuming Office/Initial	Date:/
Annual: The period covered through December 31, 2009.	is January 1, 2009,
-or-	
O The period covered is December 31, 2009,	_//, through
Leaving Office Date Left:	

O The period covered is January 1, 2009, through the

-or-

date of leaving office.

O The period covered is \_

Candidate

the date of leaving office.

Election Year:

4. Schedule Summary	
► Total number of pages including this cover page:	
➤ Check applicable schedules or "No reportable interests."	
I have disclosed interests on one or more of the attached schedules:	
Schedule A-1 Yes – schedule attached Investments (Less ihan 10% Ownership)	
Schedule A-2	
Schedule B Yes – schedule attached Real Property	
Schedule C Yes – schedule attached Income, Loans, & Business Positions (Income Other than Girls and Travel Payments)	
Schedule D Yes – schedule attached Income – Gifts	
Schedule E	
-or-	
No reportable interests on any schedule	
5. Verification	
I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete.	
I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.	

March 22, 2010

Date Signed

Signature

### Attachment I

Farr, Doreen, Marie

Form 700- Conflict of Interest Disclosure Statement

For the----Santa Barbara County Board of Supervisors

#### ADDITIONAL AGENCIES

Annual Statement

For Period Covering January 1, 2009 through December 31, 2009

Member, Santa Barbara County Air Pollution Control District (APCD)

Member, Santa Barbara County Association of Governments (SBCAG)

Member, Santa Barbara County Redevelopment Agency

Member, Santa Barbara County Flood Control and Water Conservation District

Member, Santa Barbara County Water Agency

Member, In-home Supportive Services (IHSS) Public Agency

Member, South Coast Homeless Advisory Committee

Member, Indian Gaming Local Community Benefit Committee

Member, Santa Barbara Local Agency Formation Commission (LAFCO)